

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/1696103

FILING DATE

CLAIMS

8-6-04 2-22-05

	BEFORE		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	NO.	DEP.	NO.	DEP.	NO.	DEP.
1						
2						
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50						
TOTAL NO.	5	0	1	0		0
TOTAL DEP.	0	0	0	0		0
TOTAL CLAIMS	5		1			

8-6-04

	NO.	DEP.	NO.	DEP.	NO.	DEP.
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98						
99						
100						
TOTAL NO.		0		0		0
TOTAL DEP.		0		0		0
TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS